

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/5/

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-05-2004 90004 014 ***158.75

DOCUMENT # P03000087988

1. Entity Name

JUNGLE JOHNS LAWN SERVICE INC.



Principal Place of Business

500 GOLDENWOOD WAY
WELLINGTON FL 33414

Mailing Address

500 GOLDENWOOD WAY
WELLINGTON FL 33414

66432140



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1705232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EL-BLONK, IRA
1030 LAKE AVE.
STE "C"
LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

BOYLE, MARY
500 GOLDENWOOD WAY
WELLINGTON FL 33414

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP
Please note this was only received

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP
last week. I'm sending yours faithfully.

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP
for Jungle Johns Lawn Service Inc. P.O. - J.F. Boyle (Mary)

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP
7/26/04

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP
\$158.75

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MRS. MARY BOYLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04

Date

Daytime Phone #

561-236-4835